

Swine Influenza Case Report Form

(FAX to: (307) 777-5573)

Interviewer _____
Date of interview ____/____/____
NETSS # _____
WDH notified of case ____/____/____

Case is: ☐ Confirmed ☐ Probable ☐ Suspect
(please see: www.cdc.gov/swineflu for case definitions)

Patient Information

Name _____ Date of Birth ____/____/____ Sex _____

Parent's name (if child < 18) _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Alternate Telephone _____

Are you pregnant? ☐ Yes ☐ No ☐ Unknown

Hispanic: ☐ Yes ☐ No ☐ Unknown

Race: ☐ White ☐ Black ☐ Asian/Pacific Islander ☐ Native American ☐ Other ☐ Unknown

Worksites/school/daycare center _____

Work/school/daycare center address _____ City _____

State _____ Zip _____ Phone _____

Occupation/grade _____ Employer/teacher _____

Present Illness

Onset date ____/____/____ Attending or consulting physician _____ Telephone _____

Where did you (your child) get medical care for the flu illness? ☐ Clinic ☐ ER ☐ Hospital

Hospitalized? ☐ Yes ☐ No Hospital name _____ Telephone _____

Admission date ____/____/____ Discharge date ____/____/____

Outcome of case: Recovered? ☐ Yes ☐ No ☐ Unknown Died? ☐ Yes ☐ No *if yes, Date of death: ____/____/____*

Was the patient admitted to the intensive case unit? ☐ Yes ☐ No ☐ Unknown

Did the patient require mechanical ventilation? ☐ Yes ☐ No ☐ Unknown

Symptoms

1st Symptom _____

Fever	Y	N	(Max Temp ____°)	Vomiting	Y	N	Shortness of breath	Y	N
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Cough	Y	N	Diarrhea	Y	N	Conjunctivitis	Y	N
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Seizures	Y	N	Body Aches	Y	N	Headache	Y	N
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Sore Throat	Y	N	Nausea	Y	N	Rhinorrhea	Y	N
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Other (List) _____

Medical History

Did the case-patient receive influenza vaccine between September 2008 and March 2009?

☐ Yes ☐ No ☐ Don't Know

If yes: Number of doses: ☐ 1 Date (mm/dd/yy) ____/____/____ [If day unknown use '15']

Type of vaccine: ☐ Inactivated (injectable) ☐ Live Attenuated (spray) ☐ Unknown

☐ 2 Date (mm/dd/yy) ____/____/____ [If day unknown use '15']

Type of vaccine: ☐ Inactivated (injectable) ☐ Live Attenuated (spray) ☐ Unknown

Weight (lbs): _____ Height (ft, in): _____ BMI (for WDH use only): _____

Does the case-patient have any of the following?

- a. Asthma ☐ yes ☐ no ☐ unknown
- b. Other chronic lung disease ☐ yes ☐ no ☐ unknown
- c. Chronic heart or circulatory disease ☐ yes ☐ no ☐ unknown
- d. Metabolic disease (incl diabetes mellitus) ☐ yes ☐ no ☐ unknown
- e. Kidney disease ☐ yes ☐ no ☐ unknown
- f. Cancer in the last 12 months ☐ yes ☐ no ☐ unknown
- g. Immunosuppressive condition (HIV infection, chronic corticosteroid therapy, or organ transplant recipient) ☐ yes ☐ no ☐ unknown
- h. Neurological disease ☐ yes ☐ no ☐ unknown
- i. Other chronic diseases ☐ yes ☐ no ☐ unknown

Diagnostic Findings:

General tests

Leukopenia (white blood cell count <5,000 leukocytes/mm3) ☐ yes ☐ no ☐ unknown

☐

Lymphopenia (total lymphocytes <800/mm3 or lymphocytes <15% of total WBC) ☐ yes ☐ no ☐ unknown

☐

Thrombocytopenia (total platelets <150,000/mm3) ☐ yes ☐ no ☐ unknown

☐

Did the patient have any of the following tests? ☐ yes ☐ no ☐ unknown

☐ Chest X-ray *If yes,* ☐ Normal ☐ Abnormal ☐ Unknown

☐ Chest CT scan *If yes,* ☐ Normal ☐ Abnormal ☐ Unknown

If chest x-ray or chest CT scan result abnormal:

Was there evidence of pneumonia? ☐ yes ☐ no ☐ unknown

Did the patient have acute respiratory distress syndrome (ARDS)? ☐ yes ☐ no ☐ unknown

Influenza testing

Test 1 Date collected (mm/dd/yy): ____/____/____ State Lab Specimen1 ID: _____

Check all that apply:

Specimen Type	Test Type	Results	Influenza Type/Subtype
_____ Enter specimen code	<input type="checkbox"/> RT-PCR/PCR <input type="checkbox"/> DFA/IFA <input type="checkbox"/> Viral culture <input type="checkbox"/> HI <input type="checkbox"/> Rapid test <input type="checkbox"/> Immunohistochemistry <input type="checkbox"/> Other	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> indeterminate	<input type="checkbox"/> flu A <input type="checkbox"/> flu B <input type="checkbox"/> flu A/H1 <input type="checkbox"/> flu A/H3 <input type="checkbox"/> flu A unsubtypeable <input type="checkbox"/> flu A swine H1

Specimen code and type:

- | | | |
|------------------------------|--|-----------------------|
| 1. Nasopharyngeal swab | 7. Bronchoalveolar lavage specimen (BAL) | 13. Pleural fluid |
| 2. Nasopharyngeal aspirate | 8. Sputum | 14. Peritoneal fluid |
| 3. Oropharyngeal/throat swab | 9. Cerebrospinal fluid (CSF) | 15. Pericardial fluid |
| 4. Nasal aspirate/swab | 10. Tissue | 16. Chest fluid |
| 5. Endotracheal aspirate | 11. Stool | 17. Other |
| 6. Serum | 12. Urine | |

Treatment:

Did the patient receive antiviral medications? ☐ yes ☐ no ☐ unknown

If yes, complete table below

Drug	Date Initiated	Date Discontinued	Dosage (if known)
Oseltamivir(Tamiflu®)			
Zanamivir(Relenza®)			
Rimantidine			
Amantadine			
Other _____			

Epidemiologic Risk Factors

The following questions concern the 7 days prior to illness onset:

Did the patient have any recent travel 7 days prior to illness onset?

☐ ☐ yes ☐ no ☐ unknown

Location(s) of travel _____

Does the patient work in a health care facility or setting?

☐ ☐ yes ☐ no ☐ unknown

Name of facility/setting _____ Phone _____

Has the patient had family members or close contacts with pneumonia or influenza-like illness?

☐ ☐ yes ☐ no ☐ unknown

If yes, complete below:

Name	Relationship	Phone Number	Onset date